ENIPC, INC.

CHILD CARE AND DEVELOPMENT
FUND PROGRAM

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(Inside of Tsay Building)
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Services Objective & Eligibility

The ENIPC Child Care & Development Fund Program is designed to offer financial assistance in obtaining quality child care, Services are provided within a child care center or home based environment for qualifying Native American families residing within the Eight Northern Pueblos or surrounding vicinity. Services are for children birth to age 12.

Children must be tribally enrolled or eligible for enrollment within one of the six pueblos:

- Picuris
- Ohkay Owingeh
- Santa Clara
- Nambe
- San Ildefonso
- Pojoaque

Parents attending school and/or in job training are considered first priority.

Program Primary Objectives

- To support the physical, social, emotional and intellectual development of Native American children through the availability of child care options.

- To enhance low to moderate income earning parents to continue working, to attend a post-secondary educational program and to enhance employment training capabilities.

Program Eligibility

Parents must:

- Be attending school, in a job training program or working.
- Meet income eligibility guidelines determined by the number of family members and monthly gross income of parent(s);
- Submit documents as required;
- Must reside within the Eight Northern Pueblos or surrounding vicinity;
- Work cooperatively with program staff and provider to meet and maintain program policies and procedures;
- Must adhere to and maintain the monthly co-payment schedule.
Provider must:

- Meet all health and safety requirements of the program, including a TB skin test;
- Be in good physical and mental health for personal safety and protection of the children in care;
- Allow the program to complete a home inspection for compliance with health and safety regulations;
- Be over 18 years of age, must submit a Date of birth verification (i.e., driver's license, etc.)
- Work cooperatively with program staff and parents to meet and maintain program policies and procedures, and; must attend trainings as required by program policy.

Income Eligibility Guidelines*

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Income (must not exceed)</th>
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<tr>
<td>2</td>
<td>2,662</td>
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<tr>
<td>3</td>
<td>3,289</td>
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<tr>
<td>4</td>
<td>3,915</td>
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<td>5</td>
<td>4,542</td>
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<td>6</td>
<td>5,168</td>
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<td>7</td>
<td>5,286</td>
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<tr>
<td>8</td>
<td>5,403</td>
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</tbody>
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*All families are required to maintain a monthly co-payment. Co-payment is determined by monthly income level and whether one or multiple children are enrolled in the program.
Please see attached Applications

1. Service Application
2. Home Based Provider Application
3. W-9 form (Provider)
ENIPC CCDF PROGRAM
SERVICE APPLICATION

Applicant(s) Name: ________________________________ Marital Status: Single Married
Mailing Address: __________________________________ # of Household Members: __________
Home Phone: _____________________________ Message Phone: _____________________________ Email: _____________________________

Mother’s Employer: ___________________________ Phone #: __________________ Supervisor/Timekeeper: ___________________________
Hourly Wage (attach check stub): __________ Work hours per week: ___________________________
Self Employed: Yes No If self employed, hours worked per week: ___________________________
(If self employed, documentation must be submitted – income tax forms or a legal document stating income and work hours)

Father’s Employer: ___________________________ Phone #: __________________ Supervisor/Timekeeper: ___________________________
Hourly Wage (attach check stub): __________ Total work hours per week: ___________________________
Self Employed: Yes No If self employed, hours worked per week: ___________________________
(If self employed, documentation must be submitted – income tax forms or a legal document stating income and work hours)

Parent(s) attending school: Yes No
Name of School: ___________________________ Phone Number: _____________________________
(If parent(s) is/are attending school, class schedule and financial aid award letter must be submitted.)

Child/ren receiving Medicaid services? YES/NO If no, are you interested in applying for Medicaid? YES/NO
Are you interested in receiving information about other ENIPC programs, please circle:
Food Distribution  Environmental  Peace Keepers  Circles of Life  Head Start  WIC  Employment/Training

<table>
<thead>
<tr>
<th>Child(ren)’s Name</th>
<th>DOB</th>
<th>Time child is in school</th>
<th>Time Requested for child care</th>
<th>Circle Days</th>
<th>CIB Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: James Smith</td>
<td>2/07/89</td>
<td>8:00a – 2:30p</td>
<td>2:30 – 6:30p</td>
<td>M T W T F S S</td>
<td>Ohkay Owingeh</td>
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Name of Provider/Center: ___________________________ Phone Number: _____________________________

Parent Signature: ___________________________ Date: _____________________________

Application process will be delayed if the following documents are not submitted along with this application.
□ Child’s Tribal Enrollment (CIB)  □ Parent’s class schedule and Award letter (if applicable)
□ Child’s Immunization Records  □ Current check stubs/Self employment documentation

Revised 7/2016
INFORMATION / EMERGENCY CONSENT

Applicant(s) Name: ___________________________________________ Phone Number: ________________________________________
Address: ________________________________________________________________________________________________

Mother’s location when child is receiving care: ________________________________________________________________
Phone Number: ____________________________________ Time at work/school (if applicable): ______________________

Father’s location when child is receiving care: ______________________________________________________________
Phone Number: ____________________________________ Time at work/school (if applicable): ______________________

Person notified in emergency if parent(s) unavailable: __________________________________________________________
Phone #: ________________________________________________________________
Persons other than parent to whom child may be released:
1. ____________________________________________________________ 2. ________________________________________________

Physician and/or Hospital Utilized: __________________________________________________________ Phone #: ______________________
Health Insurance Carrier: ___________________________ Group Number: ____________________________

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<thead>
<tr>
<th>Child’s Name</th>
<th>DOB</th>
<th>Hosp.#</th>
<th>Date of Last Tetanus</th>
<th>Allergies</th>
<th>Specify kind of medication child is taking, if any</th>
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I hereby give consent to ___________________________________________ who will be caring for my child(ren), while in the Child Care and Development Fund Program, to arrange emergency medical treatment necessary to preserve the health of my child(ren). I acknowledge responsibility for reasonable charges in connection with care and treatment rendered during this period.

I have read this form and I certify that I understand its contents.

Parent’s Signature: ___________________________ Date: ___________________________

FIELD TRIPS/TRAVEL ACTIVITIES (Optional)

I give my permission for my child (ren) to participate in field trips and other activities that require transportation in a vehicle driven by child care provider. I certify that my child care provider has and will utilize the necessary and appropriate vehicle safety equipment at all times.

Parent Signature: ___________________________ Date: ___________________________
ENIPC CCDF PROGRAM
HOME BASE PROVIDER APPLICATION FORM

Provider Name: ___________________________ DOB: ______________________
Mailing Address: __________________________ Phone: ____________________
Physical Address: _________________________

In case of an emergency, contact name: ______________________________________
Relation to Provider: ___________ Home #: __________________ Work#: ___________

Type of care: Provider’s Home □ Child’s Home (Before/After school care): □
Number of children serviced by provider not in CCDF Program: __________ Ages: __________

If provider has less than 5 children (5 allowed by CCDF Program) would he/she be willing to serve additional children? Yes □ No □
If yes, what ages of children would provider consider? ____________________________
Answering “NO” will not affect the status of provider’s application.

Children in CCDF Program serviced by Provider:

<table>
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<tr>
<th>Child(ren) Name:</th>
<th>Hours of Care</th>
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Provider must obtain a Tuberculosis Skin test and submit test results in writing and Submit Date of Birth (DOB) documentation indicating the provider’s date of birth (i.e. ID card, driver’s license, etc).

The Information given herein are true and complete and I understand that any false or misleading information should be sufficient cause for denial of application. I have read this form and I certify that I understand its contents.

Provider Signature: ___________________________ Date: _____________________
Staff Signature: _____________________________ Date: _____________________

Attach the following when submitting this form: □ W-9 Form (attached)
□ DOB Documentation
□ TB Skin Test Results

Revised 12/14
Form W-9
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  □ Individual/Sole proprietor  □ Corporation  □ Partnership
□ Limited liability company. Enter the tax classification (O=disregarded entity, C=corporation, P=partnership) ►
□ Other (see instructions) ►

Exempt payee

Address (number, street, and apt. or suite no.)
Requestor’s name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid
backup withholding. For individuals, this is your social security number (SSN). However, for a resident
alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is
your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose
number to enter.

Part II  Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal
Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has
notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup
withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.
For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement
arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must
provide your correct TIN. See the instructions on page 4.

Sign Here  Signature of U.S. person  Date

General Instructions

Section references are to the Internal Revenue Code unless
otherwise noted.

Purpose of Form

A person who is required to file an information return with the
IRS must obtain your correct taxpayer identification number (TIN)
to report, for example, income paid to you, real estate
transactions, mortgage interest you paid, acquisition or
abandonment of secured property, cancellation of debt, or
contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a
resident alien), to provide your correct TIN to the person
requesting it (the requester) and, when applicable, to:
1. Certify that the TIN you are giving is correct (or you are
waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S.
exempt payee. If applicable, you are also certifying that as a
U.S. person, your allocable share of any partnership income from
a U.S. trade or business is not subject to the withholding tax on
foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to
request your TIN, you must use the requester's form if it is
substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are
considered a U.S. person if you are:
• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or
organized in the United States or under the laws of the United
States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section
301.7701-7).

Special rules for partnerships. Partnerships that conduct a
trade or business in the United States are generally required to
pay a withholding tax on any foreign partners' share of income
from such business. Further, in certain cases where a Form W-9
has not been received, a partnership is required to presume that
a partner is a foreign person, and pay the withholding tax.
Therefore, if you are a U.S. person that is a partner in a
partnership conducting a trade or business in the United States,
provide Form W-9 to the partnership to establish your U.S.
status and avoid withholding on your share of partnership
income.

The person who gives Form W-9 to the partnership for
purposes of establishing its U.S. status and avoiding withholding
on its allocable share of net income from the partnership
conducting a trade or business in the United States is in the
following cases:
• The U.S. owner of a disregarded entity and not the entity,